

**GRO
216**

APPLICATION FOR REGISTRATION
Gross Receipts Tax on Vending Machines Operated for the Benefit of a
Non-Profit Charitable Organization



1. REASON FOR APPLICATION - New registration of vending machines that dispense items with a market value of not more than twenty-five cents and are operated for the benefit of non-profit charitable organizations. These machines must dispense items for a predetermined price built into the machine. The machine can neither return or make change nor be capable of having the vending price changed, either electronically or mechanically. For assistance, Tennessee residents can call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600.

FEIN/SSN: _____

EFFECTIVE DATE: _____

2(a). TAXPAYER NAME AND EXACT LOCATION

Name: _____
Street: _____
City, State, Zip: _____

2(b) TAXPAYER MAILING ADDRESS

Name: _____
Street: _____
City, State, Zip: _____

3. TAXPAYER TELEPHONE NUMBER _____ Fax # _____ E-Mail Address _____

4. VENDING TAXPAYER OWNERSHIP: _____ Proprietorship _____ Husband/Wife Ownership _____ Partnership
_____ Limited Partnership _____ Limited Liability Company _____ Professional Limited Liability Company _____ Corporation
_____ S Corporation _____ Professional Corporation _____ Other

Name of Corporation: _____ Sec of State #: _____

5. Current or Prior Tax Numbers: Sales and Use: _____ Sales and Use Vending: _____ Other: _____

6. IDENTIFY TAXPAYER OWNERS, OFFICERS, PARTNERS. Do NOT use Post Office Box Addresses.

(1) Name: _____ Home Phone: _____ SSN: _____ - _____ - _____
Home Address: _____ City: _____ State: _____ Zip Code: _____

(2) Name: _____ Home Phone: _____ SSN: _____ - _____ - _____
Home Address: _____ City: _____ State: _____ Zip Code: _____

(3) Name: _____ Home Phone: _____ SSN: _____ - _____ - _____
Home Address: _____ City: _____ State: _____ Zip Code: _____

7. NON-PROFIT CHARITABLE ORGANIZATION NAME/LOCATION. If multiple organizations, complete one form for each non-profit organization.

Name: _____
Street: _____
City, State, Zip Code: _____

NON-PROFIT CHARITABLE ORGANIZATION'S TELEPHONE NUMBER: _____

NON-PROFIT CHARITABLE ORGANIZATION'S FEIN: _____

8. The statements made on this application are true to the best of my knowledge and belief. (This application must be signed by the individual owner, a partner, or an officer of the corporation listed in item 6.)

For Department Use Only

Sign here: _____

9. Enclose \$2.00 for each Application for Registration \$ _____

**FOR OFFICE
USE ONLY**

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Make check payable to:
Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242